

CRIME VICTIM ECONOMIC LOSS STATEMENT

Victim Name: _____ Defendant Name/Case #: _____

DAMAGES/LOSSES (Include Receipts or Documents Supporting Claims)

ITEM	VALUE	INSURANCE PAID	YOUR LOSS

Do you expect additional damage/loss expense? YES NO

MEDICAL EXPENSES (List Each Medical Provider and Cost)

PROVIDER	EXPENSES	INSURANCE PAID	YOUR LOSS

Do you expect additional expenses in the future? YES NO

COUNSELING (List Doctors, Dates of Sessions and Cost)

DOCTOR	SESSION DATES	YOUR COST

Do you expect to attend future counseling sessions? YES NO

LOST WAGES ~ A STATEMENT FROM YOUR EMPLOYER IS REQUIRED

EMPLOYER	HOURS LOST	RATE PER HOUR	TOTAL

Do you expect future lost wages because of this crime? YES NO

DID YOU FILE AN INSURANCE CLAIM? (Fill out this section **ONLY** if you filed a claim with **YOUR INSURANCE**)

Insurance Co.: _____ Policy #: _____ Claim#: _____

Address: _____

City/State/Zip: _____

Agent & Phone #: _____

Have you or are you now in the process of applying for financial assistance through the Victim Compensation Program?
YES _____ NO _____

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS VICTIM FINANCIAL LOSS STATEMENT IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Return to: VICTIM NOTIFICATION LEGAL ASSISTANT, Coconino County Attorney, 110 E. Cherry Ave., Flagstaff, AZ 86001
FAX 928-679-8201 PHONE 928-679-8200